## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # N10560  1. Entity Name SOUTHSIDE BAPTIST CHURCH OF LAKELAND, INC.								04-23-2007 9	90065 039 ****6	25
310 MCDONALD			310	Mailing Address 310 MCDONALD LAKELAND, FL 33803				74436		
Principal Place of Business - No P.O. Box # 3			3. Mail	3. Mailing Address						
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.			01232007	Chg-NP	CR2E037 (12/06)	
City & State			City & State				4. FEI Number 59-08658	846	<del>                                      </del>	oplied For ot Applicable
Zip	Zip Country		Zip		Country				S8.75 Add	litional
	6. Name	and Address of Current	Registere	d Agent		7. Name and Address of New Registered Agent				
					Na	Name				
HERRING, RONALD 2654 HANDLEY BLVD					Str	Street Address (P.O. Box Number is Not Acceptable)			θ)	
LAKELANI	D, FL 338	03								
					Cit	·	FL Zip Code			
	named entity tions of regist	y submits this statement f tered agent.	or the purp	ose of changing its	registered off	fice or regis	stered agent, or both,	, in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE .										
y SIGNATURE.							<del> </del>	4	-17-07	<del></del>
SIGNATURE .	Signature, typed	or printed name of registered ager	t and title if app	scable. (NOTE	: Registered Agen	nt signature requ	uired when reinstating)	4	0ATE	<del></del>
SidivATORE	Filing Fe	or printed name of registered ager te is \$61,25 May 1, 2007	it and title if app	9. Election Can Trust Fund C	npaign Financ		\$5.00 May Be Added to Fees		DATE  DATE  Lake check payable trida Department of S	
10.	Filing Fe	e is \$61,25		9. Election Can	npaign Financ	cing	\$5.00 May Be Added to Fees	N Flor	DATE LANGUE DE LA COLOR DE LA	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier ental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receivey of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

ATURE AND TYPED OF PRINTED NAME OF FIGHING OFFICER OR DIRECTOR

4-17-07

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